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Diabetic foot risk assessment on primary care: results of a simplified clinical protocol

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Background & Aim: The diabetic foot is one of the most serious and costly complications of diabetes mellitus. Identifying patients at risk and preventing such complications are essential tasks of primary care. However, many of the assessing protocols are too intricate, which hampers its implementation on the daily practice. This study aimed to present the assessment of diabetic foot risk, using a simplified clinical protocol designed for primary care practice.

Methods: Forty-nine patients with type 2 diabetes candidates to Diabetes em Movimento® (NCT02631902), a community-based lifestyle intervention program (28 women; caucasian; non-smokers; 63.31 ± 8.42 years of age; 5.73 ± 4.71 years of diabetes; HbA1c $6.62 \pm 0.91\%$), were assessed. This protocol includes: questions about relevant patient history; clinical foot examination (observation of structural and dermatological characteristics; 10-g Semmes-Weinstein monofilament test; 128-Hz tuning fork test; and palpation of peripheral arterial pulses); and evaluation of the difficulties in taking care of the feet (ability to see the plantar surfaces). These data allows the classification of the diabetic foot type (without complications; neuropathic; ischemic; or neuroischemic) and ulcer risk stratification (grade 0 – without risk factors; grade 1 – at least one risk factor; grade 2 – neuropathy; grade 3 – with signs of ischemia OR neuropathy with foot deformities OR previous ulcer OR previous amputation). The average application time of this protocol is 5 minutes per patient.

Results: Diabetic foot type: without complications 38.8%; neuropathic 57.1%; Ischemic 4.1%; neuroischemic 0%. Risk grade 0: 0%; risk grade 1: 36.7%; risk grade 2: 26.5%; and risk grade 3: 36.7%.

Conclusions: Neuropathic feet was the most prevalent type. No patient was exempt of risk factors and around one-third had grade 3 risk classification. Moreover, 36.7% presented risk factors without complications that could be managed and modified in primary care.